



**OTHER NORTHERN  
2018 MATRIX**

.6750-.7249

**LPPA 70% EMPLOYEES WITH 2016 CAPS**

Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18

									PAYROLL USE ONLY		
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
				eff 9/30/17	eff 9-1-15						
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E70	SELF	1	\$795.43	\$145.66	\$25.00	\$966.09	\$540.44	\$425.65	\$254.99	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,590.86	\$145.66	\$25.00	\$1,761.52	\$540.44	\$1,221.08	\$1,050.42	\$540.44
	F70	SELF + DEPENDENTS	3	\$2,068.12	\$145.66	\$25.00	\$2,238.78	\$540.44	\$1,698.34	\$1,527.68	\$540.44
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E70	SELF	1	\$894.43	\$145.66	\$25.00	\$1,065.09	\$540.44	\$524.65	\$353.99	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,788.86	\$145.66	\$25.00	\$1,959.52	\$540.44	\$1,419.08	\$1,248.42	\$540.44
	F70	SELF + DEPENDENTS	3	\$2,325.52	\$145.66	\$25.00	\$2,496.18	\$540.44	\$1,955.74	\$1,785.08	\$540.44
<b>41 4040</b>											
<b>Athem Blue Cross- CHOICE PERS PPO 80/20</b>											
CH01	E70	SELF	1	\$813.96	\$145.66	\$25.00	\$984.62	\$540.44	\$444.18	\$273.52	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,627.92	\$145.66	\$25.00	\$1,798.58	\$540.44	\$1,258.14	\$1,087.48	\$540.44
	F70	SELF + DEPENDENTS	3	\$2,116.30	\$145.66	\$25.00	\$2,286.96	\$540.44	\$1,746.52	\$1,575.86	\$540.44
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E70	SELF	1	\$691.78	\$145.66	\$25.00	\$862.44	\$540.44	\$322.00	\$151.34	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,383.56	\$145.66	\$25.00	\$1,554.22	\$540.44	\$1,013.78	\$843.12	\$540.44
	F70	SELF + DEPENDENTS	3	\$1,798.63	\$145.66	\$25.00	\$1,969.29	\$540.44	\$1,428.85	\$1,258.19	\$540.44
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E70	SELF	1	\$866.93	\$145.66	\$25.00	\$1,037.59	\$540.44	\$497.15	\$326.49	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,733.86	\$145.66	\$25.00	\$1,904.52	\$540.44	\$1,364.08	\$1,193.42	\$540.44
	F70	SELF + DEPENDENTS	3	\$2,254.02	\$145.66	\$25.00	\$2,424.68	\$540.44	\$1,884.24	\$1,713.58	\$540.44

rates are subject to change throughout the year

.Dental and Vision plans require 100% participation for full -time employees \*

.Waiving medical coverage requires completing a HEALTH ENROLLMENT form

District contributions are subject to change due to on-going bargaining group negotiations\*\*



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									PAYROLL USE ONLY		
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
				eff 9/30/17	eff 9-1-15						
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$910.90	\$145.66	\$25.00	\$1,081.56	\$540.44	\$541.12	\$370.46	\$540.44
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$145.66	\$25.00	\$1,992.46	\$540.44	\$1,452.02	\$1,281.36	\$540.44
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$145.66	\$25.00	\$2,539.00	\$540.44	\$1,998.56	\$1,827.90	\$540.44
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$954.75	\$145.66	\$25.00	\$1,125.41	\$540.44	\$584.97	\$414.31	\$540.44
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$145.66	\$25.00	\$2,080.16	\$540.44	\$1,539.72	\$1,369.06	\$540.44
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$145.66	\$25.00	\$2,653.01	\$540.44	\$2,112.57	\$1,941.91	\$540.44
<b>United HealthCare</b>											
<b>HMO PLAN</b>											
UN01	E20	SELF	1	\$1,205.55	\$145.66	\$25.00	\$1,376.21	\$540.44	\$835.77	\$665.11	\$540.44
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$145.66	\$25.00	\$2,581.76	\$540.44	\$2,041.32	\$1,870.66	\$540.44
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$145.66	\$25.00	\$3,305.09	\$540.44	\$2,764.65	\$2,593.99	\$540.44
<b>Western Health Advantage</b>											
<b>HMO PLAN</b>											
		SELF	1	\$744.79	\$145.66	\$25.00	\$915.45	\$540.44	\$375.01	\$204.35	\$540.44
		SELF + 1 DEPENDENT	2	\$1,489.58	\$145.66	\$25.00	\$1,660.24	\$540.44	\$1,119.80	\$949.14	\$540.44
		SELF + DEPENDENTS	3	\$1,936.45	\$145.66	\$25.00	\$2,107.11	\$540.44	\$1,566.67	\$1,396.01	\$540.44

*rates are subject to change throughout the year*

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Basic Premium Rates - OTHER NORTHERN CALIFORNIA
Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity and Tuolumne